

Chapter

New Perspective and Applications of Homeopathy in Treating COVID-19 Symptoms

Ameya Sharma, Sandeep Puri, Varun Puri, Divya Dheer, Neha Bhandari and Vivek Puri

Abstract

The long-term effects of infections such as COVID-19 survivor therapy and post-coronavirus infection are still being researched. The severe acute respiratory syndrome (SARS-CoV-2)-caused new coronavirus disease (COVID-19) outbreak is seeing a significant increase in affected individuals worldwide. In severe and critical COVID-19 patients, SARS-CoV-2 has been demonstrated to disrupt normal immunological responses, resulting in a weakened immune system and uncontrolled inflammatory reactions. Lymphocytic activation and dysfunction, granulocyte and monocyte abnormalities, elevated cytokine levels, and a rise in immunoglobulin G (IgG) and total antibodies are all seen in these patients. Scientists from all over the world are working constantly to identify particular treatments and vaccinations for Covid-19. Several cases of treatment have been recorded by homeopathic practitioners around the world, with encouraging results. Bryonia alba, Phosphorus, Arsenic album, Gelsemium sempervirens, and Camphora are some of the Homeopathic medicines that have shown to be effective. Government of India (Ministry of AYUSH) has promoted and approved Arsenic album 30 as an immune booster for its potential involvement in preventing COVID-19, and findings are gradually favoring for this drug. In the management of post-COVID-19 outcomes, homeopathy drugs can be used to treat non-COVID conditions. We explored new perspectives and applications of homeopathic medications that can help with COVID and post-COVID symptoms in this chapter.

Keywords: homeopathy, COVID-19, AYUSH, case study, applications

1. Introduction

After first appearing in Wuhan, China, in late December 2019, the severe acute respiratory syndrome coronavirus 2 (SARS CoV-2) quickly spread throughout the world [1, 2]. The severity of COVID-19 symptoms can range from a self-limiting respiratory disease to severe progressive pneumonia, multiorgan failure, and death [3–7]. Despite extensive research and numerous ongoing clinical trials [8], there are currently no effective therapeutic medicines for treating or curing a coronavirus

infection. Pathological characteristics of SARS-CoV-2 of the family Coronaviridae, which have an RNA genome with a 5' methylation cap and a 3' polyadenylated tail, allowing the RNA to connect to ribosomes for translation [9, 10]. The replicase protein encoded by coronavirus genomes facilitates RNA viral genome transcription into new RNA copies by leveraging the host cell's machinery. The protease-like non-structural protein found in coronaviruses can rupture the protein chain [11, 12]. A surge in type 2 cytokines and a decline in T-cell and B-cell activity that intensifies with age [13] may indicate a poor prognosis for patients with COVID-19.

According to the World Health Organization (WHO), the combination drug Paxlovid (nirmatrelvir and ritonavir) is the best therapeutic choice for high-risk patients with mild to moderate COVID-19 who are at highest risk of hospital admission. Patients with mild COVID-19 who are at the most risk of developing severe disease and hospitalization, such as the unvaccinated, the elderly, and the immunosuppressed, are highly encouraged to use Pfizer's oral antiviral medication (a combination of nirmatrelvir and ritonavir tablets). New evidence from two randomized controlled trials involving 3078 participants supports this recommendation. According to the numbers, this treatment decreases the likelihood of hospitalization by 85%. This translates to 84% fewer hospitalizations per 1000 patients in the high-risk group (those with a probability of hospitalization of 10% or above) [14].

The use of homeopathy is widespread in every WHO Region. Use of homeopathic medications, largely as over-the-counter medicines, is increasing in many regions of the world, despite differences in the national regulatory structure and the status of homeopathy within the health care system. While there is some uncertainty about the extent of the homeopathic medicines industry, sales figures indicate that homeopathic medications constitute a large part of medical markets.

Homeopathic remedies, or the stocks or mother tinctures from which they are made, are derived from either naturally occurring or manufactured ingredients that are listed in pharmacopoeial monographs or other legally recognized sources. The following are examples of possible ingredients in homeopathic remedies (excluding imponderables): Animal materials include whole animals, animal organs, tissues, secretions, cell lines, poisons, nosodes, blood products; Plant materials including roots, stems, leaves, flowers, bark, pollen, lichen, moss, ferns, and algae; Microorganisms including fungi, bacteria, viruses, and plant parasites; Tissues, secretions, cell lines, and endogenous chemicals like hormones are all examples of human materials; elements of nature and synthetic chemicals.

It is important that the source materials and excipients used to make homeopathic medicines are of good quality. Some homeopathic remedies contain ingredients whose usage is prohibited in conventional medicine due to safety concerns. To put it simply, nosodes are diluted versions of pathogenic organs or tissues; infectious agents like bacteria, fungus, eggs, parasites, virus particles, and yeast; illness products like excretions or secretions; or anything else that can cause an infection. There is always a chance that anything made with human or animal parts is contaminated with disease-causing organisms. Some homeopathic remedies have poisonous animal or plant ingredients, while others, especially when taken in their fresh form, can quickly degrade or get contaminated by microorganisms.

Heavy metals and insecticides may be present in plant materials. Plants can have widely varying levels of hazardous compounds. Guidelines for Good Manufacturing Practice (GMP) regarding the manufacturing process, facilities, staff, packaging, and labeling are applicable to both conventional and homeopathic drugs. Misidentification, impurity of starting material, cross-contamination, and

inadvertent contamination are just a few of the quality and safety issues that can arise from a lack of GMP. There are a number of specific consequences that require specially qualified and experienced workers due to the unique characteristics of homeopathic medicine production. These are the facilities that deal with homeopathic medications originating from animal or human origins, as well as poisonous materials and materials (especially fresh ones) that are susceptible to degradation processes and microbial contamination. Accidental or intentional contamination of source materials, excipients, or diluents, or the vessel or bottle used to make the dilution, might affect the characteristics of homeopathic medications. The final homeopathic medicines might vary significantly due to differences in definitions among pharmacopeias as well as in the processing procedures and manufacturing methods used to manufacture them [15].

As with conventional pharmaceuticals, homeopathic remedies must comply with the provisions of the Federal Food, Drug, and Cosmetic Act pertaining to approval, adulteration, and misbranding. As of right now, the FDA has not authorized the sale of any homeopathic remedies.

The FDA's enforcement policy on homeopathic medicines was laid down in Compliance Policy Guide (CPG) 400.400, "Conditions Under Which Homeopathic Drugs May Be Marketed," published in 1988. Due to inconsistency with our risk-based strategy to regulatory and enforcement action, FDA removed CPG 400.400 on October 24, 2019. Drug Products Labeled as Homeopathic: Revised Draft Guidance was also released by FDA for public feedback. The FDA has not given its stamp of approval to any homeopathic drug on the market, so it's possible that these items do not measure up to today's rigorous quality, safety, and efficacy criteria. To address the issue of unapproved homeopathic remedies in the market, this updated proposed advice suggests a risk-based enforcement strategy [16].

A survey of 293 general practitioners in the Netherlands found that 45% of them think that homeopathic remedies are effective for treating upper respiratory tract infections or hay fever. However, many medical practitioners reject homeopathy as a viable therapeutic option due to the highly improbable notion that drugs diluted to such an extreme degree still retain their biological effects. Furthermore, it is frequently asserted that modern procedures, such as controlled studies, have not been used to assess the efficacy of homeopathy. Synthesis based on predetermined criteria showed methodological quality analysis of 107 randomized controlled trials published in 96 papers. The quality of the trials was evaluated using a predetermined set of criteria, and the results were interpreted in context of the trials' quality. There were 14 trials examining the efficacy of classical homeopathy, and another 58 trials in which patients with similar conventional diagnoses were all given the same homeopathic treatment. In 26 trials, various homeopathic treatment combinations were examined, while in 9 trials, isopathic treatment was examined. There were many high-quality trials among what appeared to be mostly poor ones. There was a generally good pattern of findings, and this held true regardless of the quality of the trials or the type of homeopathy that was employed. A total of 81 studies showing favorable results and 24 trials showing no positive effects of homeopathy were found out of 105 trials having interpretable results [17].

For almost two centuries, people with all sorts of ailments have turned to homeopathy for relief. Homeopathy has a long history of successfully treating epidemic diseases through prevention and treatment, and its efficacy has been demonstrated in clinical trials, meta-analyses, and systematic reviews [18–20]. While some people may see homeopathy favorably, it remains a highly contentious kind of complementary

and alternative medicine. Two different theories form its basis. First, the idea that a drug that creates the same symptoms in healthy people can also cure the disease it is meant to treat. Furthermore, “the law of minimum dose” states that the smaller the dosage, the greater the therapeutic impact [21, 22]. When it comes to homeopathy, it's not like one drug cures one illness. Instead, it is a method in which treatments are tailored to specific patients based on overarching patterns and unique qualities revealed by an exhaustive analysis of all of the patient's reported physical, mental, and emotional distress. Public health measures like as social isolation, hand washing, face covering, and quarantine are now the only preventative treatments available in conventional medicine [23]. The use of homeopathic methods for disease prevention is widespread across the globe. When it comes to homeopathic medicine, *Arsenicum album* is highly recommended by the Indian Ministry of AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy) [24]. With regards to treatment, the homeopathic community suggested gathering cases to evaluate and validate appropriate homeopathic treatment for the COVID-19 pandemic before more extensive, systematic investigations were done [25, 26]. Homeopathy [27] is being studied as a potential treatment for SARS-CoV-2 [28] in clinical trials. Several encouraging studies have shown that homeopathic medicines for COVID-19 symptoms have a high success rate. In this chapter, we will primarily focus on the evidence from clinical studies, novel perspectives, and applications of homeopathic treatments for COVID-19 symptoms [29].

2. Clinical presentation and diagnostic procedure

As of now, we know that most people infected with COVID-19 will experience only mild to moderate symptoms after an incubation period of 1–14 days, and that most of these people will recover without any additional therapy at all. However, numerous asymptomatic infected people have been identified, and each of them could develop symptoms and spread the disease [30, 31]. Infection with the COVID-19 virus typically causes fever, dry cough, and throat pain/itching. Body aches, headaches, and shortness of breath are among possible symptoms, along with diarrhea, nausea, and a runny nose. Laboratory testing for COVID-19 is necessary for making a definitive diagnosis. This can be done by verifying the presence of the virus or by examining the specific antibodies developed in response to infection. Initial screening for the coronavirus is recommended by the majority of countries by using reverse transcription polymerase chain reaction (RT-PCR). A positive result from this test indicates that an infection is either extremely recent or is still ongoing. Nasopharyngeal swabs and sputum samples are examples of respiratory samples that can be tested. In addition, the identification of particular antibodies (serology) is helpful for diagnosis and population surveillance, especially in the later stages of the infection [30, 32].

3. Homeopathic approach towards COVID-19 symptoms

Currently, hospital-based risk management and symptomatic treatment are the only options for COVID-19. Due to its symptom-focused approach, the homeopathic medical system can be an effective tool in the fight against this worldwide epidemic. In the event of an epidemic or pandemic, the first line of defense is to take precautions

by teaching the public how to protect themselves from infection and by providing interventions that will maintain their natural immunity. According to the Advisory from the Ministry of AYUSH, homeopaths are encouraged to inform the public about Genus epidemicus that has been identified by designated specialists as beneficial for improving immunity. Numerous homeopathic medications, including *Arsenic Album*, *Pulsatilla*, *Silicia*, *Natrum Muriaticum*, *Phosphorus*, *Calcarea Carbonicum*, *Hepar Sulfur*, *Lachesis*, *Nux Vomica*, *Sulfur*, and many others, are available for patients with COVID-19 infection [33, 34].

The second approach is to provide affected people with homeopathic symptomatic mitigation [35]. It has been shown that homeopathic medicines can be effective in treating infectious disorders such as the Influenza-like illness, dengue, and acute encephalitis syndrome. The ability of homeopathic medications to modulate the immune system has also been demonstrated in several published preclinical investigations. Depending on the severity of the individual situation, these medications may be provided together or separately [36, 37].

4. Efficiency of homeopathy in epidemic

Even before the widespread use of modern sanitation, vaccination, and antibiotics, the homeopathic medical system has developed protocols for the management of infectious outbreaks. Hahnemann utilized *Belladonna* to stop an epidemic of scarlet fever in Europe in the year 1799 AD, and he reported his findings in a treatise [33, 38]. *Aconite*, another homeopathic medication, was shown to be effective against the Scarlet fever epidemic that ravaged Germany between the years 1800 AD and 1808 AD. *Bryonia alba*, *Hyoscyamus niger*, or *Rhus Toxicodendron* (singly or regularly) were all effective treatments for the typhoid outbreak that hit Europe in 1813 AD [39]. In 1831 AD, he wrote about the use of *camphor*, *cuprum metallicum*, and *veratrum album* as Genus Epidemicus for preventing and treating pandemics from Asia in the Germanic territory. *Camphor* was one of his recommended preventative medicines for the infection, while *Cuprum metallicum* or *Veratrum album* were recommended for later stages of infection [40]. Success in treating epidemics with homeopathic medications including typhoid, cholera, yellow fever, scarlet fever, smallpox, diphtheria, Spanish flu, meningitis, and polio made homeopathy popular in the United States and Europe in the nineteenth century [38, 41]. Full case analysis is performed before a patient is prescribed medicine in homeopathy. Patients impacted by an epidemic typically have similar symptoms. If the same drug is prescribed to multiple patients after the analysis, the drug may be labeled as the “Genus Epidemicus” drug for that geographical area. Within a few days of a pandemic outbreak, this should be decided. Hahnemann discovered interesting differences between epidemic strains of illness. Hahnemann highlighted in his article “Observations on the Scarlet Fever” [42] that there is no assurance that medications taken in earlier epidemics will be effective in the next outbreak. In the sixth edition of his book, “the Organon of Medicine,” Dr. Hahnemann made specific reference to the choice of “homoeopathic (specific) medicine” in Aphorisms 102 (footnotes), 147, and 241. Using this strategy, Cuba eradicated Kerato conjunctivitis in 1995, and India eradicated Chikungunya in Kerala in 2007 [38]. Other Cuban researchers showed that homeoprophylaxis was helpful in preventing leptospirosis when it was provoked by extensive hurricane damage in 2007 and 2008 [43]. There are several typical cold-like symptoms described by those

infected with COVID-19. As a result, homeopathic doctors have decided to treat patients with COVID-19 with the same medication and dosage that is recommended for patients suffering from the common cold. Some few over-the-counter medications that have been effective in treating individuals with the common cold and COVID-19 are discussed below.

4.1 Aspidosperma

Alleviate asthma symptoms for many individuals; by doing so, it raises blood oxygen levels and stimulates the respiratory centers; the symptom of “wanting to breathe” during exercising is the primary indicator; the condition is called cardiac asthma; pulmonary stenosis, infarction of the pulmonary artery due to thrombosis [29].

4.2 Arsenic album

An extremely effective treatment for all of the body’s organs and tissues; deadliness and septic diseases; distress and unrest on a grand scale; extremely thirsty; consumes large volumes of liquid in frequent, little doses; acid reflux is characterized by the reflexive ingestion of acidic or bitter substances that appear to irritate the lining of the throat; swollen and painful liver and spleen; shooting discomfort in the right upper lobe of the lung; cannot sleep because you are afraid of suffocating; limitations on breathing space midnight is when asthma attacks peak; aching in the middle of my chest; intense heat; adynamia is a sign of periodicity; infected fevers intermittent; incomplete paroxysms accompanied by extreme fatigue [25, 44, 45].

4.3 Pulsatilla

Even though it’s cold outside, the patient prefers to be in the fresh air; dry mouthed, grumpy, and shivering; exudates that are viscous, tasteless, and pale greenish; chronically shifting symptoms; prone to frequent tears; enjoys being shown compassion; having coryza means that your right nostril is blocked and you are experiencing pain at the base of your nose; smell impairment; lack of saliva and thirst; desire for regular mouth washings; a habitual licker of dry lips; dislikes warm or fatty foods and beverages; morning loose cough followed by dry nighttime cough that requires sitting up in bed to alleviate; venous distention and unbearable heat make going outside a miserable experience; a headache, diarrhea, loss of appetite, and nausea are all symptoms that occur during apyrexia [25, 46].

4.4 Silicea

Suppurative processes; adverse reactions to vaccinations. mindful and physical submission; a high susceptibility to getting sick from the cold; children that are stubborn and willful; dizziness from staring upwards; best to bundle up itchy, watery eyes in the morning; having trouble smelling and eventually losing that ability; hair-on-the-tongue feeling; stabbing like a pin in the tonsil; feeling of a cold settling into the throat; eruption of the parotid glands; a sharp discomfort when swallowing; coughing fits when lying down; expectoration is thick and yellow and lumpy; feelings of chill in the limbs even when indoors; nighttime sweating that gets worse in the morning; areas of the body that are suffering are ice cold [47].

4.5 Natrum muriaticum

Sensation of tightness all over the body; dryness of the mucous membranes; negative reactions to negative emotions such as grief, fear, wrath, etc.; extreme fatigue and weakness excruciating pain; tears roll down your face when you cough, and waking up in the morning feels like a thousand tiny hammers are hammering on your forehead. Watery, thin discharge, like the white of a raw egg; never fails to prevent the onset of a cold; the inability to smell or taste; mapping the tongue; relax from 9 am until 11 am; temperature; fever causes an increase in thirst; fever-blisters; feelings of chilliness all over the body that do not seem to go away [48, 49].

4.6 Phosphorus

In addition to irritating and inflaming mucous membranes and serous membranes, *phosphorus* can also induce their degeneration. Rapid onset of symptoms, including fainting, sweating, and falling to the ground suicide anxiety when alone; skin that looks painfully pale, with blue circles beneath the eyes; the hippocratic oath; need ice cold water badly; esophageal narrowing; produces copious amounts of vomit after eating; getting sick; throwing up water once it warms up in the stomach. Tickling in the throat causes coughing; exposure to cold air, reading, laughing, or talking makes it worse. Feeling of heaviness or pressure in the chest. Painful, stabbing sensation in the chest; rapid, stifled breathing it feel like there is a fire going in the chest; suffocating pneumonitis; laying on one's left side is far worse; body-wide trembling and coughing; in the evenings, the Sputa is rusty and cold. Aching knees after a long day; unmoving due to lack of thirst but with an abnormal appetite [50, 51].

4.7 Calcareo carbonicum

It treats the twitching cough, the brief chest pains, the nausea, the stomach acid, and the aversion to fat; lacks stamina and fatigues quickly; relapses are common, and recovery time is disrupted; extreme sensitivity to the cold; occasional sweating children have a penchant for eggs, but they also consume dirt and other indigestible substances. Patients with *calcareo* are typically large, pale, flabby, and sweaty, as well as chilly, moist, and sour. Hoarseness that is not painful, but is worse in the morning, and a tickling cough that's most bothersome at night. Only daytime expectoration is permitted; viscous mucus that is yellow in color and has a sour taste; extreme sensitivity to percussion and touch in the chest; seeking to get some air; at 2:00 p.m., a chill spreads across the stomach region; flu-like symptoms, including sweating; strong and regular heartbeats [52, 53].

4.8 Hepar sulfur

Those with a scrofulous or lymphatic constitution, who are more prone to break-outs and swelling of the glands, will benefit the most from this; experiencing a gust of wind in an area; even a minor provocation can set him off; corner-of-the-mouth ulcers; you feel like there's a splinter or a blockage in your throat whenever you try to swallow; quinsy, with suppuration in the horizon; suffering from swallowing-inducing stitches that go all the way to the ear; trapping mucus; coughing fits brought on by exposure to cold, especially while eating anything cold; loose, rattling cough from croup; symptoms are greater in the morning; coughing so hard that you cannot

breathe; cold when exposed to air or even a gentle breeze; excessive nighttime dry heat; heavy perspiration; a putrid, disagreeable stench [50, 54].

4.9 Lachesis

Feeling of strain in various areas; cannot take a tight grip on anything; prodigious fluency in speech; patches of aphthous dermatitis and bareness, with pain and redness; bad flavor; worse on the left side, and it hurts to drink liquids; experiencing quinsy; discomfort made worse by hot beverages; extremely distressing; the smallest pressure, the slightest contact, is excruciating. It's important that the collar and neck-band be quite slack; frequent dry, suffocating, and irritating coughing; having low secretion and a high degree of sensitivity; laryngeal irritation made worse by open air and the lack of a pillow; shivering shoulders, freezing toes, a blazing flush, and a burning sweat; acids cause a recurrence of paroxysm; recurring springtime fever with intermittent symptoms [53, 55].

4.10 Nux vomica

Nux patients tend to be slender, frail, fast, lively, tense, and irritable; irritated by any external stimulus; avoids physical contact; having a headache outside in the bright sun; symptoms of a cold or the flu made worse by being indoors in a warm environment. Exudation that is acrid but accompanied by a sense of congestion; a sensation of being scratched and rubbed raw; having a good morning tickle; a feeling of tightness, stress, or roughness; bloated feeling in the upper abdomen (epigastrium) and the pressure of a stone some hours after eating; full stomach and asthma, especially in the morning or after eating; coughing, with the feeling that something has been pulled loose in the chest; poor lung capacity; limited capacity for respiration; a high degree of strictness, as evidenced by blue fingernails; abdominal pain and generalized aches and pains; fever stages are cold; always wear layers. Feelings of chilliness when exposed, despite his refusal to wear clothing; internal dry heat [25, 56].

4.11 Sulfur

Extreme heat, aversion to water, dry skin and hair, reddened genitalia, nausea and vomiting around 11 a.m., and catnaps; for *sulfur* patients, standing is the worst possible position; *sulfur* subjects almost invariably exhibit irritability, depression, emaciation, and weakness while having a healthy appetite. Itchy, red, and scaly skin that bleeds easily; chronic dry catarrh adenoids and polyps; feelings of tightness and heat in the chest; respiratory distress; prefers an open window middle-of-the-night dyspnea that is alleviated by sitting up; morning heart rate is higher than nighttime heart rate; greenish, purulent, pleasant expectoration; coughing worse when conversing or in the morning; bursts of intense heat; rapid and severe rises in core body temperature; excruciating parchingness and thirst; night perspiration (especially around the nape and occiput); localized perspiration (especially on the hands and feet); smelly perspiration; spontaneous, intermittent, and relapsing [50, 52].

4.12 Bryonia

Dryness of the mucous membranes; when the *bryonia* patient raises their head, they have dizziness and a pressive headache, and they are agitated. Chapped, cracked

lips and tongue; an abnormally high need to urinate, a distaste for most foods, a hypersensitive epigastric region, and an uncomfortable sensation of having a stone lodged in one's stool that is dry and firm; a dry cough; *Bryonia* has a propensity for leanness and irritability, and it has the most noticeable effects on people whose constitutions already include sturdy, firm fiber and dark skin. It acts most visibly on the right side, in the evening, and in the open air, especially after a cold spell; hacking cough that makes you feel like your chest is going to explode; rapid, laboured breathing made worse by physical exertion; this condition is the result of chest sutures. Shiver with a dry cough and sutures; radiant warmth from within; sour perspiration after even mild exercise; an abundance of sweating that is simple to induce; gastric and liver problems are markers of rheumatic and typhoid fever [52, 57].

4.13 Vanadium metallicum

Utilized in cases of anemia and other forms of wasting illness due to its oxygen-carrying and catalytic properties; in addition to increasing hemoglobin levels, this process combines oxygen from the blood with the toxins, neutralizing them; anxiety that spreads throughout the chest; dry, irritating, and paroxysmal cough, which may be accompanied by bleeding; nasal, ocular, and pharyngeal irritation [58].

5. Case study

Randomized clinical studies, which are designed to examine how one medication cures one condition with one primary outcome, are unsuitable for investigating homeopathic remedies because of their subjectivity and individuality [59]. All COVID-19 patients with RT-PCR confirmation, received home isolation and care at COVID Care Centers. Patients with minimal to moderate illness were all taken into account. In the mildest cases, patients had simple upper respiratory tract infections and showed no signs of respiratory discomfort or oxygen deprivation (normal oxygen saturation). Patients with a respiratory rate more than or equal to 24 breaths per minute and an oxygen saturation (SpO₂) of less than 94% (range: 90–94%) on room air were identified as having moderate pneumonia [28, 60]. Patients with multiple medical conditions were also included.

Patients were checked on once a day for up to a week or until their symptoms subsided completely. Patients who were quarantined at home were called daily to monitor on their condition. As with any frequent follow-up of a homeopathic case, the patient was questioned about the severity of their symptoms and their general health at each visit. At each follow-up, patients were rated on a scale from –4 to +4 called the Outcome in Relation to Impact on Daily Living (ORIDL) [61].

Establishing causality between medication and improved health is a major obstacle in prognostic factor research, as the cure could be the result of the homeopathic medicine, or it could be the result of other factors, including a spontaneous and natural recovery, or the placebo effect. The following criteria were used to choose cases of the highest quality:

- All cases where improvement in both the primary clinical symptom and overall health was recorded within 7 days of commencing homeopathic treatment (ORIDL +3 or +4) were included, as this is taken to be an indication of the efficacy of the homeopathic remedy.

- Improvements were already noticeable just a few hours after starting homeopathic medication. The treatment period was considered to be twenty-four hours.
- Persistent improvement following multiple administrations of the treatment of choice.

Once all of the relevant information had been entered into the spreadsheet, each of the aforementioned cases was analyzed in greater depth utilizing specific areas of the Modified Naranjo Criteria for determining causal attribution of clinical outcomes [62]. Only the following four of ten possible domains were taken into account.

- Domain 1: Did the primary ailment for which the homeopathic remedy was prescribed improve?
- Domain 2: How quickly did the patient's condition improve after starting treatment?
- Domain 5: Did people feel better overall?
- Domain 10: To what extent does repeated dosage improve clinical outcomes?

In 258 cases, only one homeopathic remedy was provided, whereas in the remaining 69 cases, two or more homeopathic remedies were prescribed in sequence. When RT-PCR testing was performed 2–3 weeks after homeopathic treatment, all 35 instances tested negative. Due to the revised guidelines, testing was not possible in other cases where the patient was discharged after 10 days of symptom onset and no fever for 3 days (in mild cases) or after 10 days of symptom onset and no fever

Atulaya
HEALTHCARE PRIVATE LIMITED
B-10, Sector 13, Gurgaon, Haryana 122001
Phone: +91 124 453 8888/91, 977999499
Email: healthcare@atulaya.com
Website: www.atulaya.com
GSTIN: UBS19CND2089T1031221

Visit ID: [Barcode]

Patient Name: Mrs. RUCHI AGRAWAL
Age/Gender: 35 Yrs M 24 D FF
Sample Collection Time: 11/Nov/2021 08:15PM
Sample Received in Lab Time: 11/Nov/2021 09:25PM
Reported Time: 12/Nov/2021 07:42AM
Ref. Doctor: Dr. SELF

UAD/ON Lab Ref.: ASAS.000003454/Passport no...
STN No.: ACS54456

Test Name	Result	Unit	Bio. Ref. Range	Method
SARS-CoV-2 RT-PCR	Positive			RT-PCR

DEPARTMENT OF MOLECULAR BIOLOGY
IN/OUT SAMPLE: Out-house Sample

Kit used Merck COVID-19 One-Step RT-PCR kit |

Result Positive |

Method RT-PCR |

Notes:
1. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
2. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
3. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
4. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
5. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
6. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
7. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
8. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
9. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
10. The patient is advised to follow the instructions of the doctor for the treatment of the disease.

End of Report

Atulaya
HEALTHCARE PRIVATE LIMITED
B-10, Sector 13, Gurgaon, Haryana 122001
Phone: +91 124 453 8888/91, 977999499
Email: healthcare@atulaya.com
Website: www.atulaya.com
GSTIN: UBS19CND2089T1031221

Visit ID: [Barcode]

Patient Name: Mrs. RUCHI AGRAWAL
Age/Gender: 35 Yrs M 24 D FF
Sample Collection Time: 25/Nov/2021 06:28PM
Sample Received in Lab Time: 25/Nov/2021 09:05PM
Reported Time: 26/Nov/2021 08:21AM
Ref. Doctor: Dr. SELF

UAD/ON Lab Ref.: ASAS.000003454/Passport no...
STN No.: ACS54456

Test Name	Result	Unit	Bio. Ref. Range	Method
SARS-CoV-2 RT-PCR	Negative			RT-PCR

DEPARTMENT OF MOLECULAR BIOLOGY
IN/OUT SAMPLE: Out-house Sample

Kit used Merck COVID-19 One-Step RT-PCR kit |

Result Negative |

Method RT-PCR |

Notes:
1. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
2. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
3. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
4. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
5. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
6. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
7. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
8. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
9. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
10. The patient is advised to follow the instructions of the doctor for the treatment of the disease.

End of Report

Atulaya
HEALTHCARE PRIVATE LIMITED
B-10, Sector 13, Gurgaon, Haryana 122001
Phone: +91 124 453 8888/91, 977999499
Email: healthcare@atulaya.com
Website: www.atulaya.com
GSTIN: UBS19CND2089T1031221

Visit ID: [Barcode]

Patient Name: Mrs. RUCHI AGRAWAL
Age/Gender: 35 Yrs M 24 D FF
Sample Collection Time: 11/Nov/2021 08:15PM
Sample Received in Lab Time: 11/Nov/2021 09:25PM
Reported Time: 12/Nov/2021 07:42AM
Ref. Doctor: Dr. SELF

UAD/ON Lab Ref.: ASAS.000003454/Passport no...
STN No.: ACS54456

Test Name	Result	Unit	Bio. Ref. Range	Method
SARS-CoV-2 RT-PCR	Positive			RT-PCR

DEPARTMENT OF MOLECULAR BIOLOGY
IN/OUT SAMPLE: Out-house Sample

Kit used Merck COVID-19 One-Step RT-PCR kit |

Result Positive |

Method RT-PCR |

Notes:
1. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
2. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
3. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
4. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
5. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
6. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
7. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
8. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
9. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
10. The patient is advised to follow the instructions of the doctor for the treatment of the disease.

End of Report

Atulaya
HEALTHCARE PRIVATE LIMITED
B-10, Sector 13, Gurgaon, Haryana 122001
Phone: +91 124 453 8888/91, 977999499
Email: healthcare@atulaya.com
Website: www.atulaya.com
GSTIN: UBS19CND2089T1031221

Visit ID: [Barcode]

Patient Name: Mrs. RUCHI AGRAWAL
Age/Gender: 35 Yrs M 24 D FF
Sample Collection Time: 25/Nov/2021 06:28PM
Sample Received in Lab Time: 25/Nov/2021 09:05PM
Reported Time: 26/Nov/2021 08:21AM
Ref. Doctor: Dr. SELF

UAD/ON Lab Ref.: ASAS.000003454/Passport no...
STN No.: ACS54456

Test Name	Result	Unit	Bio. Ref. Range	Method
SARS-CoV-2 RT-PCR	Negative			RT-PCR

DEPARTMENT OF MOLECULAR BIOLOGY
IN/OUT SAMPLE: Out-house Sample

Kit used Merck COVID-19 One-Step RT-PCR kit |

Result Negative |

Method RT-PCR |

Notes:
1. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
2. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
3. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
4. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
5. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
6. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
7. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
8. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
9. The patient is advised to follow the instructions of the doctor for the treatment of the disease.
10. The patient is advised to follow the instructions of the doctor for the treatment of the disease.

End of Report

Figure 1.
COVID-19 pre-medication and post medication reports of patient I.

New Perspective and Applications of Homeopathy in Treating COVID-19 Symptoms

DOI: <http://dx.doi.org/10.5772/intechopen.107448>

Name of the Lab: CRI, Kasauli

ICMR ID: 257806575 SRF ID: 0202500128514

Test Report

Date and Time of Reporting		23-04-2021 10:01:20			
Address of the Referring Facility/Hospital					
SPECIMEN DETAILS					
Date of onset of illness					
Date & Time of Sample Collection		21-04-2021 20:32:50			
Date & Time of Receipt of Specimen at Lab		23-04-2021 09:00:03			
Date of Sample Testing		23-04-2021 14:50:03			
Condition of Specimen Received / Quality on Arrival		Good			
REPORTING DETAILS					
Report ID		86394			
Patient ID	Patient Name	Age	Sex	Specimen Type	Result of SARS-CoV2
COVCRI86394	PRITYANKA VERMA	25 Years	F	Nasopharyngeal & Oropharyngeal	Positive

Prepared by: _____ Checked and Approved by: _____

Note: The results relate only to the specimens tested and should be correlated with clinical findings.

Interpretation guidance:-

- Testing of referred clinical specimens was considered on the basis of request / referral received from / through State Surveillance Officer (SSO) of concerned State Integrated Disease Surveillance Programme (IDSP) / any other health care facility affirming requirements of the case definition/s.
- A single negative test result, particularly if this is from an upper respiratory tract specimen, does not exclude infection*.
- A positive test result is only tentative, and will be reconfirmed by retesting.
- Repeat sampling and testing of lower respiratory specimen is strongly recommended in severe or progressive disease. The repeat specimens may be considered after a gap of 2 – 4 days after the collection of the first specimen for additional testing if required.*
- A positive alternate pathogen does not necessarily rule out either, as little is yet known about the role of coinfections.
- Please note that these results are not to be used for any thesis or presentations or for Publication in any Journal without the prior permission of the Director General, ICMR.

Name of the Lab: CRI, Kasauli

ICMR ID: 257806575 SRF ID: 0202500128514

Test Report

Date and Time of Reporting		03-05-2021 10:51:11			
Address of the Referring Facility/Hospital					
SPECIMEN DETAILS					
Date of onset of illness					
Date & Time of Sample Collection		02-05-2021 18:12:35			
Date & Time of Receipt of Specimen at Lab		03-05-2021 09:07:02			
Date of Sample Testing		03-05-2021 15:10:09			
Condition of Specimen Received / Quality on Arrival		Good			
REPORTING DETAILS					
Report ID		86411			
Patient ID	Patient Name	Age	Sex	Specimen Type	Result of SARS-CoV2
COVCRI86411	PRITYANKA VERMA	25 Years	F	Nasopharyngeal & Oropharyngeal	Negative

Prepared by: _____ Checked and Approved by: _____

Note: The results relate only to the specimens tested and should be correlated with clinical findings.

Interpretation guidance:-

- Testing of referred clinical specimens was considered on the basis of request / referral received from / through State Surveillance Officer (SSO) of concerned State Integrated Disease Surveillance Programme (IDSP) / any other health care facility affirming requirements of the case definition/s.
- A single negative test result, particularly if this is from an upper respiratory tract specimen, does not exclude infection*.
- A positive test result is only tentative, and will be reconfirmed by retesting.
- Repeat sampling and testing of lower respiratory specimen is strongly recommended in severe or progressive disease. The repeat specimens may be considered after a gap of 2 – 4 days after the collection of the first specimen for additional testing if required.*
- A positive alternate pathogen does not necessarily rule out either, as little is yet known about the role of coinfections.
- Please note that these results are not to be used for any thesis or presentations or for Publication in any Journal without the prior permission of the Director General, ICMR.

Figure 2.
COVID-19 pre-medication and post medication reports of patient II.

KOS Diagnostic Lab (A Unit of KOS Healthcare)		KOS Diagnostic Lab (A Unit of KOS Healthcare)	
Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman and Lab Director		Dr. Yagani Chopra MD (Pathology & Microbiology) Director and Quality Manager	
NAME : MR. YAGANI PURI	PATIENT ID : +86322	NAME : MR. YAGANI PURI	PATIENT ID : +86322
AGE/ GENDER : 23 YRS/MALE	LAB ID : +31219550021	AGE/ GENDER : 23 YRS/MALE	LAB ID : +31219550021
COLLECTION MODE : 1	REGISTRATION DATE : 07/Jun/2021 09:21 AM	COLLECTION MODE : 1	REGISTRATION DATE : 24/Jun/2021 11:12 AM
COLLECTED BY : 1	REPORTING DATE : 07/Jun/2021 10:30 AM	COLLECTED BY : 1	REPORTING DATE : 24/Jun/2021 12:42 PM
REFERRING DR. : 1	REPORTING DATE : 08/Jun/2021 02:10 PM	REFERRING DR. : 1	REPORTING DATE : 25/Jun/2021 04:06 AM
BARCODE NO. : 31050132	CLIENT CODE : COVID-19 MOLECULAR LAB	BARCODE NO. : 31050132	CLIENT CODE : COVID-19 MOLECULAR LAB
BARCODE ID. : 1		BARCODE ID. : 1	
Test Name	Value	Unit	Biological Reference Interval
MOLECULAR PATHOLOGY			
SARS-CoV-2 (COVID-19) DETECTION BY REAL TIME-POLYMERASE CHAIN REACTION (RT-PCR): QUALITATIVE			
TYPE OF SAMPLE NASOPHARYNGEAL SWAB & OROPHARYNGEAL SWAB			
SARS-CoV-2 (COVID-19) RNA DETECTION		DETECTED	DETECTED
by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)			
INTERPRETATION:			
RESULT	CLINICAL SIGNIFICANCE		
NOT DETECTED	RNA Specific to SARS-CoV-2 NOT DETECTED		
DETECTED	RNA Specific to SARS-CoV-2 DETECTED		
INCONCLUSIVE/NEGATIVE DETECTED/NON DIAGNOSTIC A repeat testing on fresh sample is recommended			
NOTE:			
1. KOS Diagnostic Lab ICMR registration number is for Covid-19: KOSDILAMABAHM			
2. COVID-19 test conducted as per ICMR approved by ICMR/WHO/ISPCR			
INTERPRETATION GUIDELINES:			
A. FOR RESULTS AS "DETECTED"			
1. Detected result indicates presence of SARS-CoV-2.			
2. Each "Detected" result has been verified using confirmatory test.			
3. False positive is rare globally.			
4. A repeat test of freshly collected specimen may give different result due to the following:			
a) From appearance of symptoms, Viral load reduces day by day and one may clear virus as early as 4.3 days. As viral load reduces during convalescence, the result of repeat testing, even within hours or days, can yield different results.			
b) The new sample may have low viral load due to varied shedding of the virus.			
c) Inherent variability due to improper sample collection and inadequate storage while due care is taken at KOS Diagnostic Lab.			
5. 80% of patients with "Detected" result may be asymptomatic.			
6. A detected result does not distinguish between a subclinical/replicating organism and a non-viable organism.			
B. FOR RESULTS AS "NOT DETECTED"			
1. "Not Detected" result indicates absence of SARS-CoV-2 in the given specimen. However, it does not rule out the infection completely and should not be used as the sole basis for making decisions related to treatment and other patient management decisions.			
2. "Not Detected" result may be seen due to:			
a) RT PCR done on Nasopharyngeal swab having 44% false negativity.			
b) Test done too early or too late where the virus load is below detection limit.			
c) Specimen collected and stored specimens.			

KOS Central Lab: 63911, Nicholson Road, Ambala Cantt-133 001, Haryana
KOS Molecular Lab: 1st Floor, Pary Hotel, Saff Road, Opp. GPO, Ambala Cantt-133 001, Haryana
0171-2443098, +91 99161 43098 | info@koshospital.com | www.koshospital.com

Page 1 of 2

KOS Diagnostic Lab (A Unit of KOS Healthcare)		KOS Diagnostic Lab (A Unit of KOS Healthcare)	
Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman and Lab Director		Dr. Yagani Chopra MD (Pathology & Microbiology) Director and Quality Manager	
NAME : MR. YAGANI PURI	PATIENT ID : +86322	NAME : MR. YAGANI PURI	PATIENT ID : +86322
AGE/ GENDER : 23 YRS/MALE	LAB ID : +31219550021	AGE/ GENDER : 23 YRS/MALE	LAB ID : +31219550021
COLLECTION MODE : 1	REGISTRATION DATE : 24/Jun/2021 11:12 AM	COLLECTION MODE : 1	REGISTRATION DATE : 24/Jun/2021 12:42 PM
COLLECTED BY : 1	REPORTING DATE : 24/Jun/2021 12:42 PM	COLLECTED BY : 1	REPORTING DATE : 25/Jun/2021 04:06 AM
REFERRING DR. : 1	REPORTING DATE : 25/Jun/2021 04:06 AM	REFERRING DR. : 1	REPORTING DATE : 25/Jun/2021 04:06 AM
BARCODE NO. : 31050132	CLIENT CODE : COVID-19 MOLECULAR LAB	BARCODE NO. : 31050132	CLIENT CODE : COVID-19 MOLECULAR LAB
BARCODE ID. : 1		BARCODE ID. : 1	
Test Name	Value	Unit	Biological Reference Interval
MOLECULAR PATHOLOGY			
SARS-CoV-2 (COVID-19) DETECTION BY REAL TIME-POLYMERASE CHAIN REACTION (RT-PCR): QUALITATIVE			
TYPE OF SAMPLE NASOPHARYNGEAL SWAB & OROPHARYNGEAL SWAB			
SARS-CoV-2 (COVID-19) RNA DETECTION		NOT DETECTED	NOT DETECTED
by RT-PCR (REAL TIME-POLYMERASE CHAIN REACTION)			
INTERPRETATION:			
RESULT	CLINICAL SIGNIFICANCE		
NOT DETECTED	RNA Specific to SARS-CoV-2 NOT DETECTED		
DETECTED	RNA Specific to SARS-CoV-2 DETECTED		
INCONCLUSIVE/NEGATIVE DETECTED/NON DIAGNOSTIC A repeat testing on fresh sample is recommended			
NOTE:			
1. KOS Diagnostic Lab ICMR registration number is for Covid-19: KOSDILAMABAHM			
2. COVID-19 test conducted as per ICMR approved by ICMR/WHO/ISPCR			
INTERPRETATION GUIDELINES:			
A. FOR RESULTS AS "DETECTED"			
1. Detected result indicates presence of SARS-CoV-2.			
2. Each "Detected" result has been verified using confirmatory test.			
3. False positive is rare globally.			
4. A repeat test of freshly collected specimen may give different result due to the following:			
a) From appearance of symptoms, Viral load reduces day by day and one may clear virus as early as 4.3 days. As viral load reduces during convalescence, the result of repeat testing, even within hours or days, can yield different results.			
b) The new sample may have low viral load due to varied shedding of the virus.			
c) Inherent variability due to improper sample collection and inadequate storage while due care is taken at KOS Diagnostic Lab.			
5. 80% of patients with "Detected" result may be asymptomatic.			
6. A detected result does not distinguish between a subclinical/replicating organism and a non-viable organism.			
B. FOR RESULTS AS "NOT DETECTED"			
1. "Not Detected" result indicates absence of SARS-CoV-2 in the given specimen. However, it does not rule out the infection completely and should not be used as the sole basis for making decisions related to treatment and other patient management decisions.			
2. "Not Detected" result may be seen due to:			
a) RT PCR done on Nasopharyngeal swab having 44% false negativity.			
b) Test done too early or too late where the virus load is below detection limit.			
c) Specimen collected and stored specimens.			

KOS Central Lab: 63911, Nicholson Road, Ambala Cantt-133 001, Haryana
KOS Molecular Lab: 1st Floor, Pary Hotel, Saff Road, Opp. GPO, Ambala Cantt-133 001, Haryana
0171-2443098, +91 99161 43098 | info@koshospital.com | www.koshospital.com

Page 1 of 2

Figure 3.
COVID-19 pre-medication and post medication reports of patient III.

without antipyretics, resolution of breathlessness, and no oxygen requirement (in moderate cases) [63].

Totalling 211 patients, all of whom showed significant symptom improvement on the COVID-19 scale, were included in the analysis. Insufficient follow-up (22 instances), absence of symptoms (7 cases), and inability to prove causality (42 cases) were among the reasons a total of 116 cases had to be left out of the analysis.

Fatigue, sore throat, dry cough, myalgia, fever, dry mouth and throat, increased thirst, headache, diminished appetite, anxiety, and altered taste were the most often reported side effects. With reference to the above said number of cases, few of them were discussed. The pre COVID and post COVID RT-PCR reports were taken from the patient as shown in **Figures 1–3**. The post COVID reports of three patients (Patient I, II & III) clearly indicates the therapeutic effect of homeopathic remedies which was prescribed by the physician.

These three patients wanted homeopathic treatment in addition to conventional medicine for Integrative Complementary Medicine, and one of them was hospitalized due to moderate to severe COVID-19-related symptoms. Patients I, II, and III were all adults with proven COVID-19 infection upon admission. According to **Table 1** and **Figures 4–6**, they have received their homeopathic drugs from a licensed pharmacy or registered practitioner in the form of a potency and mother tincture (liquid).

Day	Current condition	Homeopathic remedies
Patient I		
1	Heaviness in the right leg; stitching pain on the left of the chest; restlessness; anxiety; weakness and feeling thirsty	<i>Arsenicum Album</i> for every 2 hours
2	No fever; no pain around heart	<i>Arsenicum Album</i> for every 2 hours
3	No fever, required less supplementary oxygen: walk easily	<i>Arsenicum Album</i> for every 2 hours
4	Headache, stable respiratory condition	<i>Arsenicum Album</i> for every 2 hours
5	Frontal sinus headache; viscid coryza and tightly adhering scabs in nose	<i>Arsenicum Album</i> for every 2 hours; <i>Kali Bichromicum</i> for every 4 hours
6	Less headache; feeling better	—
7–14	Hospitalized; Under observation without homeopathic treatments	
14	Patient discharged	
Patient II		
1	Pneumonia; severe thirst for large quantities of cold water; nausea; weakness during fever; drowsiness – constant desire to close eyes; chest pain; alternating chills and sweats; perspiration down back and numbness in legs	<i>Phosphorus</i> for every 2 hours
2	Gastrointestinal (GI) symptoms improved; dyspnea; drink greater quantities without feeling nauseous; respiratory symptoms improved; reduced chest pain; hollowness in the chest; weakness during fever	<i>Arsenicum Album</i> for every 2 hours; <i>Phosphoric Acid</i> for every 2 hours
3	Anxiety and restlessness; cold drinks aggravate; warm ameliorate	<i>Phosphoric Acid</i> for every 2 hours; <i>Stannum</i> for every 2 hours (alternative)
4	Homeopathic treatment protocol continued unchanged	
5	Respiratory symptoms concomitant with abdominal complaints;	<i>Phosphoric Acid</i> for every 2 hours; <i>Bryonia Alba</i> (Single dose)
6	Patient discharged	

Day	Current condition	Homeopathic remedies
Patient III		
1	Polydipsia; diarrhea; oxygen saturation falling to 87%	<i>Phosphorus</i> for every 2 hours
2	Diarrhea stopped; fever normalized; no respiratory improvement	<i>Phosphorus</i> for every 2 hours
3	Dyspnea and cough; aggravated by speaking; deep inhalation or prone position; dizzy headache between eyebrows; inability to keep eyes open; chill without shivering' white and paralyzed tongue	<i>Lobelia Purpurascens</i> for every 2 hours
4	Two-hourly <i>Lobelia purpurascens</i> was continued	
5	Two-hourly <i>Lobelia purpurascens</i> was continued	
6	Sensation of inhaling smoke and dryness, bifurcation of bronchial tubes which causes coughing	<i>Ozone</i> for every 2 hours
7-9	Ozone 3 times a day	
10	Patient discharged	

Table 1.

Day wise treatment of patients showed improvement in their health after administration of homeopathic remedies.

Dr. Sandeep Puri
M.D. (HOM)
Former Principal
Homeopathic Medical
College & Hospital
Sector - 26, Chandigarh

"I TREAT HE CURES"

Booth No 247, Sector 40-D,
Chandigarh
Mobile : 9417424188
Email : drsandeepuri@gmail.com
Regd. No. 34-A

Ref. No. P.110 Date 23/4/21

min Priganka verma
2512

Pneumonia
short n/cd
water
Nausea
with & chills
low chest, rubbery legs

24/4/21 Dyspnoea
low chest &
rubbery legs

25/4/21 Anxiety - Restless
Cold like
wants

Phos 2
2 hourly

Acid Phos
20
2 hourly

Phos Acid
2 hr

Stimul
2 hr

Dr. Sandeep Puri
M.D. (HOM)
Former Principal
Homeopathic Medical
College & Hospital
Sector - 26, Chandigarh

"I TREAT HE CURES"

Booth No 247, Sector 40-D,
Chandigarh
Mobile : 9417424188
Email : drsandeepuri@gmail.com
Regd. No. 34-A

Ref. No. P.110 Date 28/4/21

Priganka verma
Cont the same

27/4/21 Resp. 2
Abt Complaints.

Pho Ad 30
20
20
stat

Dr. Sandeep Puri
M.D. (HOM)
Regd. No. 34-A
CHANDIGARH

Member: Council of Homeopathic System of Medicine (U.T), Chandigarh
Auth. Medical Attendant Central Govt. Employees
Timings : Mon. To Sat. : 5.30 Pm to 9.00 Pm, Sunday : 10.00 Am to 01.00 Pm
Self Medication is Injurious To Health Not Valid For Medico Legal Purpose
Residence: Flat No. 2054, Victoria Enclave, Sector 50-C, Chandigarh

Member: Council of Homeopathic System of Medicine (U.T), Chandigarh
Auth. Medical Attendant Central Govt. Employees
Timings : Mon. To Sat. : 5.30 Pm to 9.00 Pm, Sunday : 10.00 Am to 01.00 Pm
Self Medication is Injurious To Health Not Valid For Medico Legal Purpose
Residence: Flat No. 2054, Victoria Enclave, Sector 50-C, Chandigarh

Figure 4.

Prescription of patient-I received from a registered practitioner or physician.

Dr. Sandeep Puri
M.D. (HOM)
Former Principal
Homeopathic Medical
College & Hospital
Sector - 26, Chandigarh

"I TREAT HE CURES"

Clinic
Booth No 247, Sector 40-D,
Chandigarh
Mobile : 9417424188
Email : drsandeepuri@gmail.com
Regd. No. 34-A

Ref. No. 1.100 Date 12/11/20

Mrs Ruchi Aggarwal 31/2

12/11/20
Acute Rho
Stomach
Rheumatism
Acute
Tonsillitis
Jan 11/20 30
2 hrs

13/11/21 feels better Continue Same

14/11/21 feels better Refr

15/11/21 Headache Refr

16/11/21 Sinusitis, dental sepsis
Coryza, scarlet fever

Member : Council of Homeopathic System of Medicine (U.T.), Chandigarh,
Auth. Medical Attendant Central Govt. Employees
Timings : Mon. To Sat. : 5.30 Pm to 9.00 Pm, Sunday : 10.00 Am to 01.00 Pm

Self Medication is Injurious To Health
Residence: Flat No. 2054, Victoria Enclave, Sector 50-C, Chandigarh

Not Valid For Medical Purpose
Regd. No. 34-A
CHANDIGARH

Figure 5.

Prescription of patient-II received from a registered practitioner or physician.

Dr. Sandeep Puri
M.D. (HOM)
Former Principal
Homeopathic Medical
College & Hospital
Sector - 26, Chandigarh

"I TREAT HE CURES"

Clinic
Booth No 247, Sector 40-D,
Chandigarh
Mobile : 9417424188
Email : drsandeepuri@gmail.com
Regd. No. 34-A

Ref. No. 1.100 Date 8/1/21

Varun Puri 22 M

9/1/21 feels better Rho 30
2 hrs

10/1/21 Dysentery, Cough, Epilepsy, Stomach, Rheumatism, Acute, Chills and rigors, White Cuts Tongue, Lobotomy 30
2 hrs

11/1/21 Refr

12/1/21 Refr

13/1/21 Scurvy, Stomach, Rheumatism, Acute, Chills and rigors, White Cuts Tongue, Lobotomy 30
2 hrs

Member : Council of Homeopathic System of Medicine (U.T.), Chandigarh,
Auth. Medical Attendant Central Govt. Employees
Timings : Mon. To Sat. : 5.30 Pm to 9.00 Pm, Sunday : 10.00 Am to 01.00 Pm

Self Medication is Injurious To Health
Residence: Flat No. 2054, Victoria Enclave, Sector 50-C, Chandigarh

Not Valid For Medical Purpose
Regd. No. 34-A
CHANDIGARH

Figure 6.

Prescription of patient-III received from a registered practitioner or physician.

6. Conclusions

The symptoms of COVID-19 patients were said to have improved due to homeopathic treatments. Findings from case studies can help with homeopathic prescribing in future controlled research on COVID-19. Most of the symptoms of this pandemic can be helped by homeopathic treatment, which adds to the medications domain of action. In addition, it has been demonstrated that homeopathic medicines can alleviate symptoms across the spectrum of the diseases manifestations. Supportive evidence suggests that homeopathic treatments could be used alongside conventional preventative and curative methods during the current COVID-19 outbreak.

Acknowledgements

The authors would like to express their gratitude to Dr. Madhu Chitkara, Vice-Chancellor of Chitkara University, Punjab, India; Dr. Ashok Chitkara, Chancellor of Chitkara University, Punjab, India; and Dr. Nitin Verma, Principal of the School of Pharmacy at Chitkara University, Himachal Pradesh, India.

Conflict of interest

The authors declare no conflict of interest.

Author details

Ameya Sharma¹, Sandeep Puri², Varun Puri², Divya Dheer¹, Neha Bhandari¹ and Vivek Puri^{1*}

1 Chitkara School of Pharmacy, Chitkara University, Himachal Pradesh, India

2 Homoeopathic Medical College and Hospital, Chandigarh, India

*Address all correspondence to: vivek.puri@chitkara.edu.in

IntechOpen

© 2022 The Author(s). Licensee IntechOpen. This chapter is distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/3.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. 

References

- [1] Riou J, Althaus CL. Pattern of early human-to-human transmission of Wuhan 2019 novel coronavirus (2019-nCoV), December 2019 to January 2020. *Eurosurveillance*. 2020;**25**(4):2000058
- [2] Zhang H, Chen Y, Yuan Q, Xia QX, Zeng XP, Peng JT, et al. Identification of kidney transplant recipients with coronavirus disease 2019. *European Urology*. 2020;**77**(6):742-747
- [3] Coronavirus: The first three months as it happened. Available from: <https://www.nature.com/articles/d41586-020-00154-w>
- [4] Huang C, Wang Y, Li X, Ren L, Zhao J, Hu Y, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *The Lancet*. 2020;**395**(10223):497-506
- [5] Ghebrehiwet B, Peerschke EI. Complement and coagulation: Key triggers of COVID-19-induced multiorgan pathology. *The Journal of Clinical Investigation*. 2020;**130**(11):5674-5676
- [6] Chen N, Zhou M, Dong X, Qu J, Gong F, Han Y, et al. Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: A descriptive study. *The Lancet*. 2020;**395**(10223):507-513
- [7] Thierry AR, Roch B. SARS-CoV2 may evade innate immune response, causing uncontrolled neutrophil extracellular traps formation and multi-organ failure. *Clinical Science*. 2020;**134**(12):1295-1300
- [8] Zhu RF, Gao YL, Robert SH, Gao JP, Yang SG, Zhu CT. Systematic review of the registered clinical trials for coronavirus disease 2019 (COVID-19). *Journal of Translational Medicine*. 2020;**18**(1):1-9
- [9] Zhou H, Fang Y, Xu T, Ni WJ, Shen AZ, Meng XM. Potential therapeutic targets and promising drugs for combating SARS-CoV-2. *British Journal of Pharmacology*. 2020;**177**(14):3147-3161
- [10] Brant AC, Tian W, Majerciak V, Yang W, Zheng ZM. SARS-CoV-2: From its discovery to genome structure, transcription, and replication. *Cell & Bioscience*. 2021;**11**(1):1-7
- [11] Cheng L, Zhang X, Chen Y, Wang D, Zhang D, Yan S, et al. Dynamic landscape mapping of humoral immunity to SARS-CoV-2 identifies non-structural protein antibodies associated with the survival of critical COVID-19 patients. *Signal Transduction and Targeted Therapy*. 2021;**6**(1):1-4
- [12] Littler DR, Gully BS, Colson RN, Rossjohn J. Crystal structure of the SARS-CoV-2 non-structural protein 9, Nsp9. *Iscience*. 2020;**23**(7):101258
- [13] Golovkin A, Kalinina O, Bezrukikh V, Aquino A, Zaikova E, Karonova T, et al. Imbalanced immune response of T-cell and B-cell subsets in patients with moderate and severe COVID-19. *Viruses*. 2021;**13**(10):1966
- [14] WHO recommends highly successful COVID-19 therapy and calls for wide geographical distribution and transparency from originator. Available from: <https://www.who.int/news/item/22-04-2022-who-recommends-highly-successful-covid-19-therapy-and-calls-for-wide-geographical-distribution-and-transparency-from-originator>
- [15] Safety issues in the preparation of homeopathic medicines. Available from: <https://apps.who.int/iris/bitstream/>

handle/10665/44238/9789241598842_eng.pdf

[16] Homeopathic Products.

Available from: <https://www.fda.gov/drugs/information-drug-class/homeopathic-products>

[17] Bellavite P, Chirumbolo S, Magnani P, Ortolani R, Conforti A. Effectiveness of homeopathy in immunology and inflammation disorders. A literature overview of clinical studies. *Homeopathic Heritage International*. 2008;**33**(2):35-37

[18] Kent JT. *Lectures on Homoeopathic Philosophy*. New Delhi: Jain Publishers; 1993. pp. 92-93

[19] Takacs M, Frass M, Walder G, Fibert P, Rottensteiner M, Glück W, et al. Adjunctive homeopathic treatment of hospitalized COVID-19 patients (COVIHOM): A retrospective case series. *Complementary Therapies in Clinical Practice*. 2021;**44**:101415

[20] Hahnemann S. *Organon of Medicine*. 6th ed. New Delhi: Jain Publishers; 1994

[21] Swayne J. *International Dictionary of Homeopathy*. Edinburgh, London: Churchill Livingstone; 2000. p. 222

[22] Linde K, Clausius N, Ramirez G, Melchart D, Eitel F, Hedges LV, et al. Are the clinical effects of homeopathy placebo effects? A meta-analysis of placebo-controlled trials. *The Lancet*. 1997;**350**(9081):834-843

[23] Srikanth N, Rana RK, Jameela S, Singhal R, Tripathi A, Khanduri S, et al. Perception and practices followed by AYUSH practitioners and health seekers for prevention of COVID-19: Cross-sectional analysis of an app-based data. *OSF Preprints*. 2021. DOI:10.31219/osf.io/b6jqv

[24] Jethani B, Gupta M, Wadhwani P, Thomas R, Balakrishnan T, Mathew G, et al. Clinical characteristics and remedy profiles of patients with COVID-19: A retrospective cohort study. *Homeopathy*. 2021;**110**(02):086-093

[25] Azis SP, Kaur H. Enabling use of homeopathy in India's preparedness for pandemic/epidemic situation like COVID-19. *Indian Journal of Research in Homoeopathy*. 2020;**14**(2):143

[26] Chaudhary A, Khurana A. A review on the role of homeopathy in epidemics with some reflections on COVID-19 (SARS-CoV-2). *Indian Journal of Research in Homoeopathy*. 2020;**14**(2):100

[27] Goswami S, Dey C. Role of Homeopathy in Prophylaxis and the Symptomatic management of influenza-Like Illnesses (COVID-19) Patients. In *COVID-19 and SARS-CoV-2*. Boca Raton: CRC Press; 2022. pp. 219-228

[28] Manchanda RK, Miglani A, Gupta M, Meena BS, Chadha V, Joseph F, et al. Homeopathic remedies in COVID-19: Prognostic factor research. *Homeopathy*. 2021;**110**(03):160-167

[29] Parikh N, Parikh D, Parikh D. Role of homeopathy in COVID-19 management—A clinical experience. *World Journal of Pharmaceutical Research*. 2020;**9**(5):2459

[30] Cascella M, Rajnik M, Aleem A, Dulebohn SC, Di Napoli R. Features, Evaluation, and Treatment of Coronavirus (COVID-19). 2022. StatPearls [Internet]. PMID: 32150360

[31] Coronavirus Disease 2019 (COVID-19): Testing for COVID-19. Centers for Disease Control and Prevention. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/testing.html>. [Accessed: April 13, 2020]

- [32] Hasan N, Nayem MU, Mohshinuzzaman M, Biswas AH, Kayes ME, Hakim MA, et al. Homeopathic approach to COVID-19: A review. *Malaysian Journal of Medical and Biological Research*. 2020;7(2):81-86
- [33] Dasgupta A. Indian Authorities Propose Use of Homeopathy to Prevent Coronavirus [Online]. *The Scientist*. Available from: <https://www.the-scientist.com/news-opinion/indian-authorities-propose-use-of-homeopathy-to-prevent-coronavirus-67075>; 2020. [Accessed: April 07, 2020]
- [34] Najima Parveen D, Rasheed B, Vishnoi NK, Ajitha Rani D, Bharadwaj A, Singh P. Homeopathic approach in COVID-19 pandemic condition: A review. *International Journal of Homoeopathic Sciences*. 2021;5(3):77-78
- [35] Gupta P, Sundaram EN, Sharma M, Prajapati S, Arya BS, Khurana A, et al. Pre-clinical pharmacology: An important aspect in homoeopathic research. 2018. Available from: <http://aohindia.in:8080/xmlui/handle/123456789/1852>
- [36] Singh RS, Singh A, Kaur H, Batra G, Sarma P, Kaur H, et al. Promising traditional Indian medicinal plants for the management of novel coronavirus disease: A systematic review. *Phytotherapy Research*. 2021;35(8):4456-4484
- [37] Pal PP, Ningthoujam G. Research review of genus *Epidemicus*. *International Journal of Advanced Ayurveda, Yoga, Unani, Siddha and Homeopathy*. 2019;8:545-550
- [38] Hahnemann S. *Materia Medica Pura*. New Delhi: Jain Publishers; 1994
- [39] Hahnemann S. Cause and prevention of the asiatic cholera. *United States Medical Investigator* (1875-1887). 1884;20(9):149
- [40] Ullman D. Homeopathy-medicine for the 21st-century. *Futurist*. 1988;22(4):43-47
- [41] Milgrom LR. Genus *epidemicus*: Are notions of entanglement relevant to the homeopathic understanding of epidemic disease? *Complementary Medicine Research*. 2016;23(5):290-300
- [42] Golden I, Bracho G. A reevaluation of the effectiveness of homoeoprophylaxis against leptospirosis in Cuba in 2007 and 2008. *Journal of Evidence-based Complementary & Alternative Medicine*. 2014;19(3):155-160
- [43] Srigiri CG, Muraleedharan KC. A review on coagulopathy in Covid-19 and its Homoeopathic management. *International Journal of Homoeopathic Sciences*. 2020;4(3):369-375
- [44] Varanasi R, Nayak D, Khurana A. Clinical repurposing of medicines is intrinsic to homeopathy: Research initiatives on COVID-19 in India. *Homeopathy*. 2021;110(03):198-205
- [45] Bhawar P, Bisen P. Psychological problems during COVID-19 and its homoeopathic management. *Journal of Medical and Pharmaceutical Innovations*. 2021;8(44):36-39
- [46] Dutta A. Role of homeopathy in epidemics: Paving way for a plausible solution in the management of COVID-19/SARS-CoV-2 infection. *Homœopathic Links*. 2020;33(04):297-301
- [47] Adler UC, Adler MS, Padula AE, Hotta LM, de Toledo CA, Diniz JN, et al. Homeopathy for COVID-19 in primary care: A randomized, double-blind, placebo-controlled trial (COVID-simile study). *Journal of Integrative Medicine*. 2022;20(3):221-229
- [48] Adler UC, Adler MS, Hotta LM, Padula AE, de Toledo CA, Diniz JN, et al.

Homeopathy for Covid-19 in primary care: A structured summary of a study protocol for a randomized controlled trial. *Trials*. 2021;**22**(1):1-3

[49] Savera KK, Dastagiri P, Muraleedharan KC. Emerging evidence of homeopathy in treating COVID-19 pandemic: An overview. *International Journal of Home Science*. 2020;**4**(3):160-166

[50] Mukherjee SK, Ganguly S, Das S, Chatterjee KK, Naskar KK, Dey S, et al. Homeopathic medicines used as prophylaxis in Kolkata during the COVID-19 pandemic: A community-based, cluster-randomized trial. *Homeopathy*. 2022;**111**(02):097-104

[51] Shinde V, Bawaskar R. Homeopathy for post COVID 19 illnesses: A case series. *Indian Journal of Research in Homoeopathy*. 2021;**15**(3):4

[52] Moorthi SK, Radhika P, Muraleedharan KC. Psychological implications during the outbreak of COVID-19 and its homoeopathic management. *Indian Journal of Research in Homoeopathy*. 2020;**14**(2):136

[53] Rutten L, Miglani A, Gold P, Manchanda RK, Chakraborty M, Meena BS, et al. Generalizability of homeopathic prognostic factor research outcome in COVID-19 treatment: Comparison of data. *Homeopathy*. Aug 2022;**111**(03):157-163

[54] Islam MA. Role of Lachesis and Gripp heel in the treatment of COVID-19. *Homoeopathic Links*. 2020;**33**(03):233-234

[55] Nambison NK, Nambison SN, Dwivedi AD. Pandemic COVID-19: Homeopathic prevention and treatment experiences. *International Journal of*

Homoeopathic Sciences. 2020;**4**(2): 265-270

[56] Kovilacar R, Misra P. A diagnosed case of COVID-19 treated with homoeopathy: A case report. *Homoeopathic Links*. 2020;**33**(03):241-243

[57] Achner J. Homöopathie als Überlebensstrategie: Stärkung des Immunsystems, Homöopathische Selbstbehandlung, SARS-CoV-2 und Impffolgen. Die Behandlung von Epidemien. BoD-Books on Demand; 2020

[58] Ścibior A, Pietrzyk Ł, Plewa Z, Skiba A. Vanadium: Risks and possible benefits in the light of a comprehensive overview of its pharmacotoxicological mechanisms and multi-applications with a summary of further research trends. *Journal of Trace Elements in Medicine and Biology*. 2020;**61**:126508

[59] Kleijnen J, Knipschild P, ter Riet G. Clinical trials of homeopathy. *British Medical Journal*. 1991;**302**(6772): 316-323

[60] Clinical Management Protocol: COVID-19. Available from: <https://www.mohfw.gov.in/pdf/ClinicalManagementProtocolforCOVID19dated27062020.pdf>. [Accessed: August 1, 2020]

[61] Reilly D, Mercer SW, Bikker AP, Harrison T. Outcome related to impact on daily living: Preliminary validation of the ORIDL instrument. *BMC Health Services Research*. 2007;**7**:139

[62] van Haselen RA. Homeopathic clinical case reports: Development of a supplement (HOM-CASE) to the CARE clinical case reporting guideline. *Complementary Therapies in Medicine*. 2016;**25**:78-85

[63] Revised discharge policy for COVID-19.pdf. Available from: <http://health.delhigovt.nic.in/wps/wcm/connect/b6af6e004e9fefb89ce8bd5dc9149193/Order11620.pdf?MOD=AJPERES&lmod=-1471732290&CACHEID=b6af6e004e9fefb89ce8bd5dc9149193>. [Accessed: August 1, 2020]